

APPENDIX A
(Article 1)

**EMPLOYING DEPARTMENTS AND AGENCIES
WITH CORRESPONDING LOCAL 526-M CHAPTERS**
As of December 2004

Department/Agency
Corrections

Chapter

Correctional Facilities Administration

Alger Maximum Correctional Facility.....	Alger Chapter
Baraga Maximum Correctional Facility	Baraga Chapter
Bellamy Creek Correctional Facility	Bellamy Creek Chapter
Boyer Road Correctional Facility.....	Boyer Road Chapter
Earnest G. Brooks Correctional Facility	Brooks Chapter
Carson City Correctional Facility.....	Carson City Chapter
Chippewa Correctional Facility	Chippewa Chapter
Cooper Street Correctional Facility	Cooper Street Chapter
G. Robert Cotton Correctional Facility	Cotton Chapter
Florence Crane Correctional Facility.....	Florence Crane Chapter
Deerfield Correctional Facility	Deerfield Chapter
Charles E. Egeler Reception and Guidance Center... ..	Egeler Chapter
Gus Harrison Correctional Facility	Adrian Chapter
Richard A. Handlon Correctional Facility	MTU Chapter
Hiawatha Correctional Facility	Hiawatha Chapter
Huron Valley Complex – Men’s.....	Huron Valley Men’s Chapter
Huron Valley Complex – Women’s	Huron Valley Women’s Chapter
Ionia Maximum Correctional Facility	Ionia Maximum Chapter
Kinross Correctional Facility	Kinross Chapter
Lakeland Correctional Facility.....	Lakeland Chapter
Macomb Correctional Facility.....	Macomb Chapter
Marquette Branch Prison	Earl DeMarse Chapter
Michigan Reformatory.....	Michigan Reformatory Chapter
Mid-Michigan Correctional Facility	Mid-Michigan Chapter
Mound Correctional Facility	Mound Chapter
Muskegon Correctional Facility.....	Muskegon Chapter
Newberry Correctional Facility	Newberry Chapter
Oaks Correctional Facility	Oaks Chapter
Ojibway Correctional Facility.....	Ojibway Chapter
Parnall Correctional Facility	Parnall Chapter
Parr Highway Correctional Facility.....	Parr Highway Chapter
Pine River Correctional Facility.....	Pine River Chapter

Pugsley Correctional Facility.....	Pugsley Chapter
Ryan Correctional Facility	Ryan Chapter
Saginaw Correctional Facility	Saginaw Chapter
Robert Scott Correctional Facility.....	Scott Chapter
Standish Maximum Correctional Facility	Standish Chapter
State Prison of Southern Michigan.....	SMI/RGC Chapter
Straits Correctional Facility	Straits Chapter
Thumb Correctional Facility	Thumb Chapter
West Shoreline Correctional Facility	West Shoreline Chapter

Special Alternative Incarceration (SAI) Program

Cassidy Lake, Chelsea	SAI Chapter; Cooper St.
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Corrections Camps

Parent Facility

Camp Branch (CDW), Coldwater	Florence Crane
Camp Lehman (CLE), Grayling.....	Standish
Camp Cusino (CCU), Shingleton	Alger
Camp Kitwen (CKT), Painesdale	Baraga
Camp Ottawa (COT), Iron River.....	Ojibway
Camp Valley, Ypsilanti	Huron Valley Womens
Camp White Lake	Scott

FOA

Grand Rapids (YGR), Grand Rapids.....	Centers Chapter, Reg III
Lake County TRV* (YLK), Baldwin.....	Centers Chapter, Reg III
(* Technical Rule Violators)	
Tuscola Re-Entry Program	Centers Chapter

COMMUNITY HEALTH

Center for Forensic Psychiatry, Ann Arbor.....	Forensic Center Chapter
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APPENDIX B AGENCY SHOP CARD

MICHIGAN CORRECTIONS ORGANIZATION Authorization for Payroll Deduction REPRESENTATION SERVICE FEE

400	LF CR	A				LF CR	EZ	LF CR
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Soc. Sec. Number

Local

Effective _____, 19____, I, the undersigned state employee, do hereby authorize the State of Michigan to deduct from my earnings each bi-weekly pay period a service charge as provided in the Collective Bargaining Agreement for the Security Unit, which amount shall be certified by the Union as being the reasonable cost of negotiation and administration of the Agreement. The amount deducted shall be remitted to the MCO, SEIU Local 526M, AFL-CIO. This authorization shall remain in effect unless terminated by me by written notice to the Union and the Employer in accordance with the provisions of the Agreement.

Signature of Employee _____

Name (Print) _____

Last Name

First

Middle Initial

Department

Division of Department

Job Location



P
R
I
N
T

LAST FIRST MIDDLE INITIAL

S.S. No. _____

Signature

Street

City

Zip

Tel. No.

Date



INSTRUCTIONS

1. Fill out both halves completely
2. Upper half goes to your personnel office.
3. Lower half goes to the MCO Central Office.

**APPENDIX C
AFFIRMATIVE ACTION LAYOFF EXCEPTION
IMPASSE PANEL DECISION 12/16/80**

STATE OF MICHIGAN

CIVIL SERVICE COMMISSION
EMPLOYMENT RELATIONS BOARD **William G. Milliken, Governor**

GEORGE E. CULLEN
OF CIVIL SERVICE
AUBREY V. MCCUTCHEON, JR. **LEWIS CASS BUILDING**
ROBERT O. BRENNER **320 S. Walnut Street, Box 30002**
 Lansing, Michigan 48909

DEPARTMENT

RICHARD A. ROSS, State Personnel Director

AN IMPASSE PANEL PROPOSAL FOR DECISION

STATE OF MICHIGAN, OFFICE OF THE STATE
EMPLOYER (OSE),
 and
MICHIGAN CORRECTIONS ORGANIZATION,
LOCAL 526-M, S.E.I.U., AFL-CIO, (MCO).

MAILING DATE
December 16, 1980
IP 80-2

ISSUES
1. Layoff, Affirmative
Action Layoff

2. Compensation,
Security Unit
Premium

UNIT
Security (C-12) Unit
* * * * *

DECISION

- A. The affirmative action exception to seniority layoff proposed by the Employer shall be included in the contract, but instead of the OSE proposed provisions in the second and third paragraphs following Section D.3.d., the Board substitutes:

The affirmative action exception, Sub-section d. above, shall be used in accordance with MEEOC and Civil Service Commission guidelines for implementation of Civil Service Rule 1.2b.

APPENDIX D

Wage charts to be updated.

APPENDIX E

Wage charts to be updated.

APPENDIX F

Bid assignments to be updated in Secondary Negotiations.

APPENDIX G

Bid assignments to be updated in Secondary Negotiations.

APPENDIX H

Article 30

State Health Plan PPO – Benefit Chart

State Health Plan (PPO)		
	In-Network	Out-of-Network
Preventive Services – Limited to \$1,500 per calendar year per person		
Health Maintenance Exam - includes chest X-ray, EKG and select lab procedures	Covered-100%, one per calendar year	Not covered
Annual Gynecological Exam	Covered-100%, one per calendar year	Not covered
Pap Smear Screening-laboratory services only	Covered-100%, one per calendar year	Not covered
Well-Baby and Child Care	Covered-100% -6 visits per year through age 1 -2 visits per year, age 2 through 3 -1 visit per year, age 4 through 15	Not covered
Immunizations (no age limit). Annual flu shot; Hepatitis C screening covered for those at risk	Covered 100%	Not covered
Fecal Occult Blood Screening	Covered-100%, one per calendar year	Not covered
Flexible Sigmoidoscopy Exam	Covered 100%	Not covered
Prostate Specific Antigen (PSA) Screening	Covered-100%, one per calendar year	Not covered

Preventive Services Not Subject To Maximum Limit		
Mammography Screening for standard film. Covers digital up to standard film rate.	Covered 100%	Covered-90% after deductible
	One per calendar year, no age restrictions	
Colonoscopy Exam	Covered 100%	Covered-90% after deductible
	Beginning at age 50; one every 10 years	
Childhood Immunizations	Covered 100% for children through age 16	Covered-90% after deductible
Physician Office Services		
Office Visits	Covered - \$10 co-pay	Covered - 90% after deductible, must be medically necessary
Effective 10-1-08:	Covered - \$15 co-pay	
Outpatient and Home Visits	Covered - 100% after deductible	Covered - 90% after deductible, must be medically necessary
Office Consultations	Covered - \$10 co-pay	Covered - 90% after deductible, must be medically necessary
Effective 10-1-08:	Covered - \$15 co-pay	
Emergency Medical Care		
Hospital Emergency Room-approved diagnosis, prudent person rule	Covered 100% after a \$50 co-pay if not admitted for emergency medical illness or accidental injury	Covered 100% after a \$50 co-pay if not admitted for emergency medical illness or accidental injury
Effective 10-1-08:	\$50	\$50
Ambulance Services - medically necessary for illness and injury	Covered 100% after deductible	Covered 100% after deductible
Diagnostic Services		
Laboratory and Pathology Tests	Covered - 100% after deductible	Covered - 90% after deductible
Diagnostic Tests and X-rays	Covered - 100% after deductible	Covered - 90% after deductible
Radiation Therapy	Covered - 100% after deductible	Covered - 90% after deductible
Maternity Services Provided by a Physician		
Pre-Natal and Post-Natal Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes care provided by a Certified Nurse Midwife	
Delivery and Nursery Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes delivery provided by a Certified Nurse Midwife	
Hospital Care		
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies, and Blood Storage	Covered – 100% after deductible Unlimited Days	Covered – 90% after deductible Unlimited Days
Inpatient Consultations	Covered – 100% after deductible	Covered – 90% after deductible

Chemotherapy	Covered – 100% after deductible	Covered – 90% after deductible
Alternatives to Hospital Care		
Skilled Nursing Care	Covered – 100% after deductible	Covered –90% after in-network deductible
	120 days per confinement	
Hospice Care	Covered – 100%	Covered – 100%
	Limited to the lifetime dollar max. that is adjusted annually by the state	
Home Health Care	Covered – 100% after deductible	Covered – 100% after deductible
	Unlimited visits	
Surgical Services		
Surgery - includes related surgical services	Covered – 100% after deductible	Covered – 90% after deductible
Voluntary Sterilization	Covered – 100% after deductible	Covered – 90% after deductible
Human Organ Transplants		
Specified Organ Transplants - in designated facilities only - when coordinated through the TPA	Covered – 100% after deductible – in designated facilities only	Covered – 100% after deductible - in designated facilities only
	Up to \$1 million maximum per transplant type	
Bone Marrow - when coordinated through the TPA - specific criteria applies	Covered – 100% after deductible	Covered – 90% after deductible
Kidney, Cornea and Skin	Covered – 100% after deductible	Covered – 90% after deductible
Mental Health Care and Substance Abuse – Covered under non-BCBSM contract		
Inpatient Mental Health	100% up to 365 days per year. Partial Day Hospitalization at 2:1 ratio	50%, up to 365 days per year
Outpatient Mental Health Care	90% of network rates	50% of network rates
Inpatient Alcohol & Chemical Abuse Care	100% up to two 28-day admissions per calendar year, with 60-day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100%	50% up to two 28-day admissions per calendar year, with 60-day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 50%
Outpatient Alcohol & Chemical Abuse	90% of network rates; Limit \$3,500/year chemical dependency only	50% of network rates; Limit \$3,500/year chemical dependency only
Other Services		
Allergy Testing and Therapy	Covered – 100% after deductible	Covered – 90% after deductible
Rabies treatment after initial emergency room treatment	Covered – 90% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation	Covered – 90% after deductible	Covered – 90% after deductible
Effective 10-1-08:	Covered - \$15 co-pay	
	Up to 24 visits per calendar year	

Outpatient Physical, Speech and Occupational Therapy		
- Facility and Clinic	Covered – 100% after deductible	Covered – 100% after deductible
- Physician's Office - excludes speech and occupational therapy	Covered – 100% after deductible	Covered – 90% after deductible
	Up to a combined maximum of 90 visits per calendar year. -	
Durable Medical Equipment	Covered –100% of approved charges	Covered 80% of approved charges
Prosthetic and Orthotic Appliances	Covered –100% of approved charges	Covered 80% of approved charges
Private Duty Nursing	Covered – 90% after deductible	Covered – 90% after deductible
Prescription Drugs	Covered under non-BCBSM contract	Covered under non-BCBSM contract
Hearing Care Program	\$10 office visits; more frequent than 36 months if standards met.	
Effective 10-1-08:	\$15 office visits; more frequent than 36 months if standards met.	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after deductible (up to 20 visits annually)	Covered – 90% after deductible (up to 20 visits annually)
Weight Loss Benefit	Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction.	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.)	

Deductible, Co-pays and Dollar Maximums

Deductible	\$200 per member; \$400 per family	\$500 per member; \$1,000 per family
Effective 1-1-09:	\$300 per member; \$600 per family	\$600 per member; \$1,200 per family
Co-pays - Fixed Dollar Co-pays - Do not apply toward deductible	\$10 for office visits/consultations, Chiropractic	10% for most services; MH/SA at 50%
Effective 10-1-08:	\$15 for office visits/consultations, Chiropractic	
- Percent Co-pays - MH/SA co-pays do not apply toward deductible - Services without a network are covered at the in-network level	10% for MH/SA outpatient, chiropractic, and private duty nursing	
Annual Dollar Maximums		
- Fixed Dollar Co-pays - Do not apply toward out-of-pocket maximum	N/A	None
- Percent Co-pays - MH/SA and private duty nursing co-pays do not apply toward out-of-pocket maximum	\$1,000 per member; \$2,000 per family	\$2,000 per member; \$4,000 per family
Dollar Maximums	\$5 million lifetime per member for all covered services and as noted above for individual services.	

